



STATE OF ALABAMA

DEPARTMENT OF FINANCE
DIVISION OF PURCHASING

INVITATION TO BID

INVITATION TO BID NO: 11-X-2221105

REQ. AGENCY : 011000
DEPARTMENT OF PUBLIC HEALTH
AGENCY REQ. NO. : 014269
T-NUMBER : TA798
DATE ISSUED : 08/12/10
VENDOR NO. :
VENDOR PHONE NO. :
SNAP REQ. NO. : 1444048
BUYER NAME : BRYAN MATTHEWS

FOR: BACKGROUND CHECKS

BUYER PHONE NO. : (334) 242-7250-
PURCHASING PHONE NO: (334) 242-7250

BID MUST BE RECEIVED BEFORE:
DATE: 08/26/10 TIME: 5:00 PM

BIDS WILL BE PUBLICLY OPENED:
DATE: 08/27/10 TIME: 10:00AM

TO BE COMPLETED BY VENDOR

INFORMATION IN THIS SECTION SHOULD BE PROVIDED, AS APPROPRIATE. BID RESPONSE
MUST BE IN INK OR TYPED WITH ORIGINAL SIGNATURE AND NOTARIZATION.

1. DELIVERY: CAN BE MADE _____ DAYS OR _____ WEEKS AFTER RECEIPT OF ORDER
2. TERMS: _____(DISCOUNTS ARE TAKEN WITHOUT REGARD TO DATE OF PAYMENT.)
3. PRICE VALID FOR ACCEPTANCE WITHIN _____ DAYS.
4. VENDOR QUOTATION REFERENCE NUMBER, IF ANY: _____
(THIS NUMBER WILL APPEAR ON THE PURCHASE ORDER.)
5. E-MAIL ADDRESS: _____
INTERNET WEBSITE: _____
6. GENERAL CONTRACTOR'S LICENSE NO: _____
TYPE OF G.C. LICENSE: _____

***** IMPORTANT NOTE: *****

BIDDERS MUST COMPLY WITH ALL "BID RESPONSE INSTRUCTIONS" ON PAGE 2, TO INCLUDE
ITEM 6 - COPY REQUIREMENT.

RETURN INVITATION TO BID:

US MAIL

COURIER

STATE OF ALABAMA
DEPARTMENT OF FINANCE
DIVISION OF PURCHASING
P O BOX 302620
MONTGOMERY, AL 36130-2620

STATE OF ALABAMA
DIVISION OF PURCHASING
RSA UNION BUILDING
100 N. UNION ST., SUITE 192
MONTGOMERY, AL 36104

SIGNATURE AND NOTARIZATION REQUIRED

I HAVE READ THE ENTIRE BID AND AGREE TO FURNISH EACH ITEM OFFERED AT THE PRICE QUOTED.
I HERBY AFFIRM I HAVE NOT BEEN IN ANY AGREEMENT OR COLLUSION AMONG BIDDERS IN
RESTRAINT OF FREEDOM OF COMPETITION BY AGREEMENT TO BID AT A FIXED PRICE OR TO
REFRAIN FROM BIDDING.

SWORN TO AND

FEIN OR SSN

AUTHORIZED SIGNATURE (INK)

SUBSCRIBED BEFORE ME THIS

COMPANY NAME

TYPE/PRINT AUTHORIZED NAME

_____ DAY OF _____

MAIL ADDRESS

TITLE

NOTARY PUBLIC

CITY, STATE, ZIP

TOLL FREE NUMBER

TERM EXP: _____

PHONE INCLUDING AREA CODE

FAX NUMBER

STANDARD TERMS & CONDITIONS

VENDOR NAME :

VENDOR NUMBER: -

ITB NO. : 11-X-2221105

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INVITATION TO BID

OPEN DATE : 08/27/10 TIME: 10:00AM

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AUTHORITY:

THE DEPARTMENT OF FINANCE CODE OF ADMINISTRATIVE PROCEDURE, CHAPTER 355-4-1 EFFECTIVE DECEMBER 20, 2001 IS INCORPORATED BY REFERENCE AND MADE A PART OF THIS DOCUMENT. TO RECEIVE A COPY CALL (334)242-7250, OR OUR WEBSITE WWW.PURCHASING.ALABAMA.GOV .

INFORMATION AND ASSISTANCE TO MINORITY AND WOMEN-OWNED BUSINESSES IN ACQUIRING M/WBE CERTIFICATION MAY BE OBTAINED FROM THE OFFICE OF MINORITY BUSINESS ENTERPRISE, 1-800-447-4191.

BID (ITB) RESPONSE INSTRUCTIONS

REV: 07/15/10

1. TO SUBMIT A RESPONSIVE BID, READ THESE INSTRUCTIONS, ALL TERMS, CONDITIONS AND SPECIFICATIONS.
2. BID ENVELOPES/PACKAGES/BOXES MUST BE IDENTIFIED ON FRONT, PREFERABLY LOWER LEFT CORNER AND BE VISIBLE WITH THE BID NUMBER AND OPENING DATE. EACH INDIVIDUAL BID (IDENTIFIED BY A UNIQUE BID NUMBER) MUST BE SUBMITTED IN A SEPARATE ENVELOPE. RESPONSES TO MULTIPLE BID NUMBERS SUBMITTED IN THE SAME ENVELOPE/COURIER PACKAGE, THAT ARE NOT IN SEPARATE ENVELOPES PROPERLY IDENTIFIED, WILL BE REJECTED. THE DIVISION OF PURCHASING DOES NOT ASSUME RESPONSIBILITY FOR LATE BIDS FOR ANY REASON INCLUDING THOSE DUE TO POSTAL, OR COURIER SERVICE. BID RESPONSES MUST BE IN THE DIVISION OF PURCHASING OFFICE PRIOR TO THE "RECEIVE DATE AND TIME" INDICATED ON THE BID.
3. BID RESPONSES (PAGE 1, PRICE SHEET AND ADDENDUMS (WHEN SIGNATURE IS REQUIRED)) MUST BE IN INK OR TYPED ON THIS DOCUMENT. OR EXACT FORMAT WITH SIGNATURES BEING HANDWRITTEN ORIGINALS IN INK (PERSON SIGNING BID, NOTARY, AND NOTARY EXPIRATION), OR THE BID WILL BE REJECTED. UNLESS INDICATED IN THE BID, ALL PRICE PAGES MUST BE COMPLETED AND RETURNED. IF AN ITEM IS NOT BEING BID, IDENTIFY IT AS NB (NO-BID). PAGES SHOULD BE SECURED. THE DIVISION OF PURCHASING DOES NOT ASSUME RESPONSIBILITY FOR MISSING PAGES. FAXED BID RESPONSES WILL NOT BE ACCEPTED.
4. THE UNIT PRICE ALWAYS GOVERNS REGARDLESS OF THE EXTENDED AMOUNT. A UNIT PRICE CHANGE ON A LINE MUST BE INITIALED BY THE PERSON SIGNING THE BID, OR THAT LINE WILL BE REJECTED. THIS INCLUDES A CROSS-OUT, STRIKE-OVER, INK-OVER, WHITE-OUT, ERASURE, OR ANY OTHER METHOD CHANGING THE PRICE.
5. THE DIVISION OF PURCHASING IS NOT RESPONSIBLE FOR MISINTERPRETATION OF DATA FAXED FROM THIS OFFICE.
6. THE DIVISION OF PURCHASING REQUIRES AN ORIGINAL AND A MINIMUM OF ONE COMPLETE EXACT COPY (TO INCLUDE SIGNATURE AND NOTARY) OF THE INVITATION-TO-BID RESPONSE. THE ORIGINAL AND THE COPY SHOULD BE SUBMITTED TOGETHER AS A BID PACKAGE. FAILURE TO MARK RESPONSES AS "ORIGINAL" AND/OR "COPY" COULD RESULT IN THE ENTIRE BID RESPONSE BEING REJECTED.
7. AN IMPROPERLY SUBMITTED BID, LATE BID, OR BID THAT IS CANCELLED ON OR BEFORE THE OPENING DATE WILL BE HELD FOR 90 DAYS AND THEN DESTROYED. THE BID MUST BE RETRIEVED DURING REGULAR WORK HOURS, MONDAY - FRIDAY, EXCEPT STATE HOLIDAYS. AFTER THE BID IS DESTROYED, THE DIVISION OF PURCHASING ASSUMES NO RESPONSIBILITY FOR THE DOCUMENT.

DISQUALIFIED/CANCELLED BID

BIDS THAT ARE IMPROPERLY SUBMITTED OR RECEIVED LATE WILL BE A RESPONSE FOR RECORD, BUT WILL NOT BE RETURNED OR A NOTIFICATION MAILED.

THE FOLLOWING IS A PARTIAL LIST WHEREBY A BID RESPONSE WILL BE DISQUALIFIED:

BID NUMBER NOT ON FACE OF ENVELOPE/COURIER PACKAGE/BOX
RESPONSES TO MULTIPLE BID NUMBERS IN SAME ENVELOPE NOT PROPERLY IDENTIFIED
BID RECEIVED LATE
BID NOT SIGNED/NOT ORIGINAL SIGNATURE
BID NOT NOTARIZED/NOT ORIGINAL SIGNATURE OF NOTARY AND/OR NO NOTARY EXPIRATION
NOTARIZED OWN SIGNATURE
REQUIRED INFORMATION NOT SUBMITTED WITH BID
FAILURE TO SUBMIT THE ORIGINAL BID AND A COMPLETE EXACT COPY

CERTIFICATION PURSUANT TO ACT NO. 2006-557

ALABAMA LAW (SECTION 41-4-116, CODE OF ALABAMA 1975) PROVIDES THAT EVERY BID SUBMITTED AND CONTRACT EXECUTED SHALL CONTAIN A CERTIFICATION THAT THE VENDOR, CONTRACTOR, AND ALL OF ITS AFFILIATES THAT MAKE SALES FOR DELIVERY INTO ALABAMA OR LEASES FOR USE IN ALABAMA ARE REGISTERED, COLLECTING, AND REMITTING ALABAMA STATE AND LOCAL SALES, USE, AND/OR LEASE TAX ON ALL TAXABLE SALES AND LEASES INTO ALABAMA. BY SUBMITTING THIS BID, THE BIDDER IS HEARBY CERTIFYING THAT THEY ARE IN FULL COMPLIANCE WITH ACT NO. 2006-557, THEY ARE NOT BARRED FROM BIDDING OR ENTERING INTO A CONTRACT PURSUANT TO 41-4-116, AND ACKNOWLEDGES THAT THE AWARDING AUTHORITY MAY DECLARE THE CONTRACT VOID IF THE CERTIFICATION IS FALSE.

SPECIAL TERMS & CONDITIONS

VENDOR NAME :

VENDOR NUMBER: -
ITB NO. : 11-X-2221105
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INVITATION TO BID

VENDOR REGISTRATION AND FEE PAYMENT ONLINE

EFFECTIVE SEPTEMBER 1, 2010, VENDORS MUST REGISTER ONLINE TO RECEIVE NOTIFICATION OF BIDS. GO TO WWW.PURCHASING.ALABAMA.GOV TO REGISTER. BIDS WILL NOT BE ACCEPTED FROM NON-REGISTERED VENDORS. A VENDOR'S REGISTRATION MUST BE MAINTAINED THROUGHOUT THE LIFE CYCLE OF AN AWARDED CONTRACT, TO INCLUDE RENEWAL PERIODS. AT THE TIME OF REGISTRATION, VENDOR MUST PAY A BIENNIAL REGISTRATION FEE. PAYMENT MUST BE MADE BY CREDIT CARD, DEBIT CARD, OR BY ELECTRONIC CHECK.

INTENT TO AWARD

EFFECTIVE MAY 1, 2008, THE STATE OF ALABAMA - DIVISION OF PURCHASING WILL ISSUE AN 'INTENT TO AWARD' BEFORE A FINAL AWARD IS MADE. THE 'INTENT TO AWARD' WILL CONTINUE FOR A PERIOD OF FIVE (5) CALENDAR DAYS, AFTER WHICH A PURCHASE ORDER WILL BE PRODUCED. UPON FINAL AWARD, ALL RIGHTS TO PROTEST ARE FORFEITED. A DETAILED EXPLANATION OF THIS PROCESS MAY BE REVIEWED IN THE ALABAMA ADMINISTRATIVE CODE - CHAPTER 355-4-1(14).

ALTERNATE BID RESPONSE

UNLESS STATED ELSEWHERE IN THIS INVITATION-TO-BID (ITB) THE STATE OF ALABAMA WILL ACCEPT AND EVALUATE ALTERNATE BID SUBMITTALS ON ANY ITB'S. ALTERNATE BID RESPONSES WILL BE EVALUATED ACCORDING TO THE REQUIREMENTS AS ALL OTHER RESPONSES TO THIS ITB.

INTERNET WEBSITE LINK'S

INTERNET AND/OR WEBSITE LINKS WILL NOT BE ACCEPTED IN BID RESPONSES AS A MEANS TO SUPPLY ANY REQUIREMENTS STATED IN THIS ITB (INVITATION-TO-BID).

PRODUCT DELIVERY, RECEIVING AND ACCEPTANCE

IN ACCORDANCE WITH THE UNIVERSAL COMMERCE CODE (CODE OF ALABAMA, TITLE 7), AFTER DELIVERY, THE STATE OF ALABAMA HAS THE RIGHT TO INSPECT ALL PRODUCTS BEFORE ACCEPTING. THE STATE WILL INSPECT PRODUCTS IN A REASONABLE TIMEFRAME. SIGNATURE ON A DELIVERY DOCUMENT DOES NOT CONSTITUTE ACCEPTANCE BY THE STATE. THE STATE WILL ACCEPT PRODUCTS ONLY AFTER SATISFACTORY INSPECTION.

SALES TAX EXEMPTION

PURSUANT TO THE CODE OF ALABAMA, 1975, TITLE 40-23-4 (A) (11), THE STATE OF ALABAMA IS EXEMPT FROM PAYING SALES TAX. AN EXEMPTION LETTER WILL BE FURNISHED UPON REQUEST.

INVOICES

INQUIRIES CONCERNING PAYMENT AFTER INVOICES HAVE BEEN SUBMITTED ARE TO BE DIRECTED TO THE RECEIVING AGENCY, NOT THE DIVISION OF PURCHASING

BID RESPONSES AND BID RESULTS

UNEVALUATED BID RESPONSES (NOT BID RESULTS) ARE AVAILABLE ON OUR WEB SITE AT WWW.PURCHASING.ALABAMA.GOV. BID RESULTS WILL BE MADE AVAILABLE FOR REVIEW IN THE DIVISION OF PURCHASING OFFICE, BUT ONLY AFTER THE BID HAS BEEN AWARDED. WE DO NOT FAX OR MAIL COPIES OF BID RESULTS. IF A VENDOR WISHES TO REVIEW BID RESULTS IN OUR OFFICE, THEY SHOULD FAX THEIR REQUEST TO REVIEW THE BID TWO DAYS IN ADVANCE TO THE "BID REVIEW CLERK" AT (334) 242-4419. BE SURE TO REFERENCE THE BID NUMBER.

FOREIGN CORPORATION - CERTIFICATE OF AUTHORITY

ALABAMA LAW PROVIDES THAT A FOREIGN CORPORATION (AN OUT-OF-STATE

SPECIAL TERMS & CONDITIONS

VENDOR NAME :

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INVITATION TO BID

COMPANY/FIRM) MAY NOT TRANSACT BUSINESS IN THE STATE OF ALABAMA UNTIL IT OBTAINS A CERTIFICATE OF AUTHORITY FROM THE SECRETARY OF STATE. SECTION 10-2B-15.01, CODE OF ALABAMA 1975. TO OBTAIN FORMS FOR A CERTIFICATE OF AUTHORITY, CONTACT THE SECRETARY OF STATE, CORPORATIONS DIVISION, (334) 242-5324. THE CERTIFICATE OF AUTHORITY DOES NOT KEEP THE VENDOR FROM SUBMITTING A BID.

BID IDENTIFICATION

REFERENCE PAGE 2, ITEM 2. DUE TO THE POSTAL SERVICE PUTTING BAR CODE LABELS ON ENVELOPES, IT CONCEALS THE BID NUMBER AND DATE IF THE VENDOR HAS WRITTEN THEM OTHER THAN THE LOWER LEFT CORNER, THEREFORE THE BID WOULD BE REJECTED FOR NOT BEING PROPERLY IDENTIFIED.

AWARD:

THE AWARD SHALL BE MADE TO THE LOWEST RESPONSIBLE BIDDER MEETING ALL SPECIFICATIONS.

FREIGHT:

BID IS F.O.B. DESTINATION. ANY FREIGHT CHARGES MUST BE INCLUDED IN THE BID PRICES.

PRORATION:

ANY PROVISION OF A CONTRACT RESULTING FROM THIS BID TO THE CONTRARY NOTWITHSTANDING, IN THE EVENT OF FAILURE OF THE STATE TO MAKE PAYMENT HEREUNDER AS A RESULT OF PARTIAL UNAVAILABILITY, AT THE TIME SUCH PAYMENT IS DUE, OF SUCH SUFFICIENT REVENUES OF THE STATE TO MAKE SUCH PAYMENT (PRORATION OF APPROPRIATED FUNDS FOR THE STATE HAVING BEEN DECLARED BY THE GOVERNOR PURSUANT TO SECTION 41-4-90 OF THE CODE OF ALABAMA 1975), THE CONTRACTOR SHALL HAVE THE OPTION, IN ADDITION TO THE OTHER REMEDIES OF THE CONTRACT, OF RENEGOTIATING THE CONTRACT (EXTENDING OR CHANGING PAYMENT TERMS OR AMOUNTS) OR TERMINATING THE CONTRACT.

REQUESTED INFORMATION:

ANY ADDITIONAL INFORMATION REQUESTED FROM A VENDOR MUST BE FURNISHED WITHIN FIVE (5) DAYS FROM RECEIPT OF REQUEST.

PRICE SHEET

VENDOR NAME :

VENDOR NUMBER:

ITB NO. : 11-X-2221105

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INVITATION TO BID

OPEN DATE : 08/27/10 TIME: 10:00AM

T-NUMBER : TA798

RETURN DATE: 08/26/10 TIME: 5:00 PM

LINE NO.	COMMODITY/SERVICE DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	EXTENDED AMOUNT
UNLESS SPECIFIED OTHERWISE BELOW: SHIP TO: 011000 / 011N42 DEPARTMENT OF PUBLIC HEALTH GENERAL COUNSEL THE RSA TOWER, SUITE 1540 201 MONROE STREET MONTGOMERY AL 36130					
00001	COMMODITY CODE: 990-52-091243 BACKGROUND CHECKS: SERVICE IS NECESSARY TO ENSURE THAT EMPLOYEES DO NOT HAVE A CRIMINAL RECORD AND/OR CONVICTION. SEE ATTACHED SPECIFICATIONS.	1	EA		
QUESTIONS REGARDING SPECIFICATIONS; CONTACT: MR JOHN WIBLE, 334-206-5209.					
00002	COMMODITY CODE: 990-52-091243 TO ASSIST PUBLIC HEALTH TO BE IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RED FLAG REGULATIONS WITH RELATION TO IDENTITY THEFT AS RELATED TO DEPARTMENT'S CLIENTS OR PATIENTS. SEE ATTACHED SPECIFICATIONS.	1	EA		

PAGE TOTAL

BID TOTAL

Red Flag/Background Check ITB # 2221105

Alabama Department of Public Health

1. Successful bidder will perform background checks on specified Department employees as follows:

a. Who Will Receive Background Checks? (Estimated numbers in parentheses)

1. Home Health and Life Care Aides, merit system employees and contractors, (approx. 2174 for 1,2, and 3 below).
2. Home Health and Life Care Attendants, merit system employees and contractors.
3. HIV/AIDS Waiver workers and E/D Waiver workers that enter the home.
4. Patient First Social Workers (Family Health Services)(190).
5. TB Staff, with the exception of clerical (50).
6. STD staff, including: disease intervention specialists, senior disease intervention specialists and disease intervention program manager (50).
7. Immunization staff (RNs) (15).
8. Epidemiology surveillance staff (RNs) (25).
9. HIV peer mentors (12).
10. Other RNs who visit in the home, school or day care, (number undetermined.)
11. Others according to Department policy to be developed, (number undetermined.)

Total: Up to approximately 2500 the first year. New employees only afterwards.

The Department reserves the right to limit the number of employees checked by using only employees hired after a certain date, yet to be determined by policy.

b. What Information Do We Need in a Background Check?

1. County/State Criminal Records Search.
2. Federal Criminal Records Search.
3. National Sexual Offender Registry.
4. Abuse Registry (for States either all states or all states in which this individual resided.)
5. United States Department of Health and Human Services List of Excluded Individuals relating both to §1128 and §1156 of the Social Security Act.

c. When and to whom reported?

1. Successful bidder will perform the check and report same within three (3) business days.
2. Reports will be made to specified personnel within the Department.

2. Successful bidder will work with Department and Department's other contractor for services necessary to assist the Department to be in compliance with the Federal Trade Commission Red Flag Regulations with relation to identity theft as related to Department's clients or patients.

Department has already performed a gap analysis and has a plan in place to attempt to prevent identify theft.

Specifically, services to be performed consist of, but will not be limited to, upon notification of potential breach by Department, successful bidder will:

- a. confirm detection and remediation of identity theft or breaches attributable to the Department; management of breach events as needed;
- b. upon referral by Department, investigate suspected breaches; making appropriate notices to clients/patients/agencies, upon confirmation of breaches;
- c. determine whether breach is attributable to the Department;
- d. as appropriate, provide remediation assistance to breached clients or patients including individual (not automated) telephone assistance, individual (not automated) triage and consultation; and
- d. provide individual (not automated) repairing and monitoring of breached client's accounts for up to one year after breach.

3. Pricing

Bidders will submit a price on a per capita basis for background checks and for breach events as specified above.

4. Miscellaneous

Successful bidder will indemnify the Department for acts and omissions and have in place policies and procedures that can assure Department that successful bidder is in compliance with all applicable Federal laws. Successful bidder will enter into a HIPAA-compliant business associate agreement with Department.

Qualifications: Bidders must submit with their bid documentation to demonstrate each of the following qualifications:

- Evidence of at least three years experience in performing health care background checks and in breach remediation.

- Evidence to demonstrate that the vendor possesses a comprehensive understanding of long-term care, assisted living, acute care, rehabilitation, intermediate care and pharmacy relating to compliant background investigations.
- Evidence to demonstrate the ability to access mandated statewide and national repositories required to meet various state health care requirements.
- A Copy of the vendor's process for assuring that the Department receives copies of required statewide background check results where required by law.
- Evidence, such as confirmatory letters from other states, to demonstrate that the vendor is an approved vendor in one or more other states where approvals are required to facilitate health related background investigations.
- Evidence of a minimum of one million dollars in coverage for errors and omission (liability) Insurance.
- Assurances that vendor will indemnify the Department for errors and omissions.
- Copy of screens demonstrating that the vendor offers a customized online application that can be imported thus eliminating data entry by the Department.
- Copy of the vendor's xml protocol to transfer applicant data from HRIS software.
- description of the vendor's electronic document management system.
- Redacted copies of customized reports and screens used for at least two other clients or customers.
- Copies of written procedures for Fair Credit Reporting Act (FCRA) challenges.
- Evidence to demonstrate that the vendor possesses a 1-800 or equivalent number for consumers and customers to call.
- Evidence to demonstrate that the vendor possesses on-site customer service representatives and do not outsource same.
- Name of Licensed private Investigators utilized, if necessary to verify background checks.
- Copies of the vendor's Disaster Recovery Policy.
- Copy of vendor's internet site security protocol and name of security officer.
- Type, kind and model of vendor's generator back-up.
- Assurances that the vendor has no current outstanding criminal, civil or administrative litigation involving their ability to perform or involving their compliance with all state and federal laws.
- Copy of protocol used by vendor's dedicated full time Quality Assurance team.
- Copy of a plan to assure that each report will be reviewed for FCRA Compliance.
- Copy of procedure or protocol utilized by vendor to perform, utilize or participate in the FCRA Adverse Action Adjudication Process and protocol used to track and log the process both via telephony and through the website.
- Copies of procedures that document that the vendor re-verifies felony records at the original source.



STATE OF ALABAMA
DEPARTMENT OF FINANCE
DIVISION OF PURCHASING

INVITATION TO BID ADDENDUM

FOR: BACKGROUND CHECKS

INVITATION TO BID NO: 2221105 ADDENDUM NO: 01

REQ. AGENCY : 011000
DEPARTMENT OF PUBLIC HEALTH
AGENCY REQ. NO. : 014269
T-NUMBER : TA798
DATE ISSUED : 08/16/10
VENDOR NO. :
VENDOR PHONE NO. :
SNAP REQ. NO. : 1444048
BUYER NAME : BRYAN MATTHEWS
BUYER PHONE NO. : (334) 242-7250

BID MUST BE RECEIVED BEFORE:
DATE: 09/03/10 TIME: 5:00PM

BIDS WILL BE PUBLICLY OPENED:
DATE: 09/07/10 TIME: 10:00AM

PLEASE READ ALL INSTRUCTIONS CAREFULLY

THE FOLLOWING CHANGES ARE HEREBY ADDED TO AND MADE A PART OF
(INVITATION TO BID NUMBER 2221105)

CONTRACT PERIOD:
ESTABLISH A 12 MONTH CONTRACT WITH AN OPTION TO EXTEND FOR A SECOND,
THIRD, FOURTH, AND FIFTH 12 MONTH PERIOD WITH THE SAME PRICING, TERMS
AND CONDITIONS. THE SECOND, THIRD, FOURTH, OR FIFTH 12 MONTH PERIOD,
IF AGREED BY BOTH PARTIES, WOULD BEGIN THE DAY AFTER THE FIRST,
SECOND, THIRD, OR FOURTH 12 MONTH PERIOD EXPIRES. ANY SUCCESSIVE
EXTENSION MUST HAVE WRITTEN APPROVAL OF BOTH THE STATE AND VENDOR NO
LATER THAN 30 DAYS PRIOR TO EXPIRATION OF THE PREVIOUS 12 MONTH
PERIOD.

THE BID OPENING DATE HAS BEEN EXTENDED TO 09/07/10 AT 10:00 AM. BIDS
MUST BE RECEIVED BEFORE 5:00 PM ON 09/03/10.

THIS ADDENDUM MUST BE SIGNED AND RETURNED WITH BID RESPONSES.

* * * * * END OF ADDENDUM * * * * *

STATEMENT OF UNDERSTANDING

I UNDERSTAND THE ADDENDUM AND THAT, IF INDICATED, IT MUST BE SIGNED IN INK AND
RETURNED WITH THE BID OR SEPARATELY, PROPERLY IDENTIFIED AND RECEIVED PRIOR TO
DATE AND TIME SPECIFIED.

ADDENDUM NOTARIZATION
NOT REQUIRED

COMPANY NAME

AUTHORIZED SIGNATURE (INK)

MAIL ADDRESS

TYPE/PRINT AUTHORIZED NAME

CITY, STATE, ZIP

PHONE INCLUDING AREA CODE